



LAKOTA FAMILY YMCA
 6703 Yankee Road, Liberty Township, OH 45044
 513-779-3917 • www.lakotaymca.com

MEMBERSHIP APPLICATION

New Membership
 Previous Lakota YMCA Member (Staff: add termination date _____)
 Previous Membership at another YMCA: Name of YMCA _____ **Year** _____

Today's Date: _____

Please Print:	_____	_____
	FIRST NAME-PRIMARY BILLABLE MEMBER	LAST NAME
HOME ADDRESS:	_____	_____
	STREET/APT.	CITY STATE ZIP
GENERAL INFORMATION:	_____	_____
	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
	_____	_____
	DATE OF BIRTH	GENDER EMPLOYER
EMERGENCY CONTACT:	_____	_____
	FIRST & LAST NAME	RELATION PHONE NUMBER
EMAIL TO RECEIVE YMCA UPDATES & INFO:	_____ @ _____	

#	Dependents/Other First & Last Name	M/F	Age	DOB	Employer/School	Relationship
1						
2						
3						
4						
5						
6						

Were you referred by a current Lakota Family YMCA member? YES NO
 If yes, by whom? _____

Membership Type:

- Single (Must be 18 years of age or older)
- Family (includes ALL dependents living in the household. May need to provide documentation)
- Family Household Plus (Must provide documentation for ALL family members)
- Senior Single (Must be at least 55 years of age or older)
- Senior Couple (one member must be at least 55 years of age or older)
- Other: _____

Your safety is our priority. All members and visitors over the age of 18 are screened for registered sex offenders. Thank you for your cooperation in helping us protect all the children who come to our facilities.

LAST NAME: _____
 FIRST NAME: _____
 Join Date: _____

LAST NAME:

FIRST NAME:

Join Date:

Responsibilities and Releases: (Please read responsibilities and releases and sign below)

Membership Card– I understand that all persons on my membership are required to have a photo on file and I must present my membership card for admission and cards are nontransferable. Abuse of any membership card may result in termination or suspension of the membership.

Liability– I recognize that participation in the Lakota Family YMCA activities or programs may expose me to some risk of injury, illness or death. I assume all liability for myself and everyone on my membership and agree to hold the Lakota Family YMCA harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity or program at the Lakota Family YMCA.

Photo/talent Release—I hereby irrevocably release, consent and allow the Lakota Family YMCA and its agents to use my photograph/likeness/voice as it pertains to my participation with the Lakota Family YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

Cancellation— It is my understanding that this is a continuous membership if I am paying monthly until I submit a notice of cancellation at least 7 business days prior to the 1st of the month.

Service Fees—A service charge of \$25.00 will be charged for any returned check.

Sexual Harassment/Sexual Offender—To keep our members and guests safe, it is against the Lakota Family YMCA policy to allow any sexual harassment behavior on our property. If a member is found guilty of sexual harassment their membership will be terminated immediately. If at any time a member is found to be a sexual offender, their membership will be terminated immediately. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs the Lakota Family YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Privacy Policy—By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, the fullest extent of the law.

Code of Conduct—The Lakota Family YMCA is founded on Christian Principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of the Lakota Family YMCA property and criminal conduct of any type. Such inappropriate behavior or conducts is unacceptable and the Lakota Family YMCA consequently retains the right to deny membership to its applicants and to revoke a membership of any current member of participant at its sole discretion.

- Lakota Family YMCA expects members to abide by our Code of Conduct and all Membership policies and reserves the right to terminate membership upon non-payment of fees or inappropriate conduct.

ACCEPTANCE

I accept all provisions of membership set forth above and, understanding the Mission of the Lakota Family YMCA, hereby apply for membership. I understand that information given for the Lakota Family YMCA membership is property of the Lakota Family YMCA and is kept as confidential information by the Lakota Family YMCA and its representatives.

Signature

Date

I agree to the following terms for my Membership Payment (check one)

Joiner Fee: \$100.00

- **Waived for Promotion or been a member in good standing less than 45 days from termination date.**

_____ **Annual:** Payments may be made using Discover, Visa, Master Card or Check. This option grants you the most savings, but must be paid in full to receive savings. No joiners fee if paying the annual membership rate. **Rate changes will be added at renewal.**

- Annual memberships are non-refundable. This policy may be adjusted if a medical reason stated in writing by physician and/or I move more than 30 miles from the Lakota Family YMCA location (proof required).

_____ **Monthly:** Payments may be made using Discover, Visa, Master Card. This option is automatically deducted the 1st day of each month. This option grants me ongoing membership until I cancel after my 12 month term. I understand that I can cancel my membership anytime after I have met/paid for the 12 months of dues. **Rates are subject to change during your term with 30 days notice.**

- **1st payment is prorated to the date of the month joining. The full month membership fee will be processed on the first day of the next month.**

I have read and understand my payment terms and obligations for the 12 month term. I understand that I am agreeing to a 12 month contract and may cancel after I have fulfilled my 12 month commitment.

Signature of Party Responsible for Membership

Date

Front Desk Use Only:

Driver’s License:_____ **S.O.R. Check:**_____ **Staff Processing:**_____

Membership/Billing Office Use:

Welcome Email:_____ **CEO Letter:**_____ **Billing:**_____ **File/Archived:**_____